

Terpsicorps Theatre of Dance Asheville Summer Intensive 2011

Student's Name _____ Age _____

D.O.B. __/__/__ S.S.# _____

Phone: Day: _____ Evening: _____

Address: _____

Parent or Guardian

Name: _____

Day Phone: _____ Evening: _____

Address (if different from dancer): _____

Parent Email: _____

Second Emergency Contact:

Name: _____

Day Phone: _____ Evening Phone: _____

Address: _____

Medical History 2011

Student's Physician: _____

Phone: _____

Insurance Company: _____

Phone: _____

Policy # _____

Address: _____

Name of Policy Holder: _____

Policy Holder Social Security: _____

Please list all existing medical conditions including known allergies or medications the student cannot take:

Please list all existing prescriptions the student is currently taking:

IMPORTANT: Please return this form along with a copy of your health insurance/prescription card.

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Tuition Form

Parent/Guardian Name: _____

Billing Address: _____

Parents Email Address: _____

- 1st week, June 20th-24th : non refundable \$500 for advanced level and \$300 for intermediate

Payment Methods (Please check one)

- check made payable to Center Stage Dance Studio
- please charge my credit card:

Name on card: _____

Card Number : _____

Expiration Date: _____ VDC: _____

Master Card, Visa and American Express accepted

Amount to be billed: _____

Signature: _____

Center Stage Dance Studio
PO Box 2030
Skyland, NC 28776
828-654-7010
Fax: 828-654-7150
[*csdance@bellsouth.net*](mailto:csdance@bellsouth.net)